Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								1078874)				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE		OR		R THAN ENTITY
•	TOTAL CLAIM	IS	24				-	RATE	FEE	7	RATE	FEE
F	OR	NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE	EE 385.0	OR	BASIC FEE	770.QQ	
7	OTAL CHARG	EABLE CLAIMS	24 minus 20=		* .	4		X\$ 9=	1	OR		
11	IDEPENDENT	CLAIMS		minus 3 =		* 0		X43=		-	Y20	:
М	IULTIPLE DEPE	ENDENT CLAIM F	PRESENT				1.	ļ		OR		<u> </u>
*	* If the difference in column 1 is less than zero, enter "0" in column 2							+145=	_	OR	L	
								TOTAL		OR	TOTAL	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	.ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-]	RATÉ.	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	, , , , , ,
AME	Independent	*	Minus	***		=		X43=		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
			•				i	TOTAL		ا ۱	TOTAL	<u> </u>
	·	(Column 1)	•	(Colum	 n 2) .	(Column 3)	,	ADDIT. FEE		_1	ADDIT. FEE	
WENOMEN! B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID F	ST ER JSLY.	PRESENT. EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
א בא	Total	*	Minus	A-A		Ξ.		X\$ 9=		OR	X\$18=	
~ I	Independent	*	Minus	***		= '		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+1'45=		OR	+290=	-
•								TOTAL		100 L	TOTAL	
		(Column 1)		(Columr	n 21	(Column 3)	А	DOIT. FEE		1 - · · · <i>F</i>	VDOIT. FĘE Ĺ	
,		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ST :A :SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	4.4		=		X\$ 9=		OR .	X\$18=	
	Independent	*	Minus	** *		= .	-	X43=			X86=	7
	FIRST PRESE	VTATION OF MU	LTIPLE DEP	ENDENT C	LAIM		\vdash			OR	7.00-	· · ·
11.	do a - 1 - 1 - 1					· .		+145=		OR	+290=	
if (the "Highest Num	nn 1 is less than the ober Previously Paid	for IN THIS	SPACE is le	ss than	20, enter "20."	ΑD	TOTAL DIT, FEE		OFI AC	TOTAL DOIT, FEE	
		nber Previously Paid Per Previously Paid							opriate box			